

**Form 1 – Applicant Contact Information**

Applications must be filled in **completely** and submitted with all required attachments. Incomplete applications will not be reviewed. Applicants waive any privacy rights or expectations of confidentiality with respect to this application.

**PLEASE TYPE OR LEGIBLY PRINT ON ALL FORMS AND ATTACHMENTS**

<b>Section A.</b>	<b>Owner Contact Information</b>		
Owner(s) Name(s)	Marie Sebastian Debra Crawford		
Address	1437 Hallowell Road 29843 Upper Road		
City-State-Zip	Newman, California 95313	County	Stanislaus
Telephone		Fax	
Cell Phone		Email	
<b>Section B.</b>	<b>Project Manager (If different from above)</b>		
	This is the main contact for phone calls and correspondence about this application		
Project Manager's Name	Zach Maring	Title	Partner
Address	P.O. Box 97	City-State-Zip	Westley California 95387
Telephone	209-894-5555	Fax	209-894-5556
Cell Phone	209-605-5946	Email	zach@delmarfarms.com
<b>Section C.</b>	<b>Physical Location of Project</b>		
Physical Address	27-18-24/25	City-State-Zip	Newman California 95313
Telephone	N/A	County	Stanislaus
<b>Section D.</b>	<b>Legal Right to Make Improvements</b>		
Is the owner of the real property different than the owner listed above?			Yes _____ No <u>x</u> _____
IF YOU ANSWERED YES TO THE ABOVE QUESTION does your lease agreement allow for physical improvements to the facility?			Yes _____ No _____

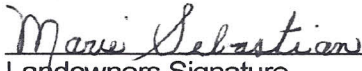
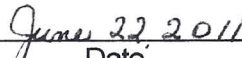

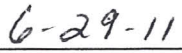
## **Form 2 – General Agreement**

Please read this agreement carefully, as it provides an overview of the terms of the grant. This agreement must be signed by the land owner and is required for funding consideration under the Water Quality Improvement Project. This signed agreement must be submitted as part of your application packet for your application to be deemed complete.

**The role of the landowner is the management and implementation of the project as outlined in the brief form below. If selected for a grant, the undersigned applicant understands, agrees to, and shall do the following:**

1. Secure and manage funding for system completion.
2. Provide complete and timely information to Coalition for Urban Rural Environmental Stewardship (CURES) as requested to permit project development.
3. Obtain all required permits prior to construction, including CEQA, and comply with existing laws. It is understood that CURES staff members are available to assist with the permit application process if necessary.
4. Manage construction of the system according to schedule, design and specifications. It is understood that the target date for completing project installation is **April 1, 2012**.
5. It is understood that, if selected for funding, the landowner will be required to sign a formal Grant Agreement that will serve as a contract with CURES, and will govern the terms of the grant. The State has mandated additional requirements that will be included in the Grant Agreement; these additional requirements are available upon request.
6. Allow reasonable access to CURES contracted staff or their representatives and State Water Board staff or their representatives to the property for evaluative and/or educational purposes that do not interfere with the facility's main business or jeopardize bio-security.
7. The applicant understands and agrees that all project information including location, purpose, monitoring data, and design will be submitted to the State and made available for public review. This includes all information in this application, as well as any future information submitted as part of this grant. Project locations will be identified by address, maps, and GPS coordinates. The applicant accepts responsibility for the use of this information by any third party.
8. Prior to final approval for any grant, the undersigned applicant shall provide evidence of insurance and indemnification of CURES and the State of California in a form and in amounts required by stated parties. Additionally, the owner/operator must provide evidence of insurance on the proposed project as outlined in the Grant Agreement.

**By signing below, the applicant indicates understanding of and consent to the terms contained herein.**

	Marie Sebastian	
Landowners Signature	Landowner's Name	Date
	Debra Crawford	
Landowners Signature	Landowner's Name	Date



6015, out an  
10/11/11 to owner

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Section A.		Owner Contact Information	
Owner(s) Name(s)	Bernard & Barbara O'Neil		
Address	2121 Garden Way		
City-State-Zip	Manteca, CA 95336	County	San Joaquin
Telephone	209-825-7570	Fax	
Cell Phone		Email	
Section B.		Project Manager (If different from above)	
		This is the main contact for phone calls and correspondence about this application.	
Project Manager's Name	Zach Maring	Title	Partner
Address	P.O. Box 97	City-State-Zip	Westley California 95387
Telephone	209-894-5555	Fax	209-894-5556
Cell Phone	209-605-5946	Email	zach@delmarfarms.com
Section C.		Physical Location of Project	
Physical Address	APN# 27-18-55 49-14-1	City-State-Zip	Newman California 95313
Telephone	N/A	County	Stanislaus
Section D.		Legal Right to Make Improvements	
Is the owner of the real property different than the owner listed above?		Yes _____ No <u>  x  </u>	
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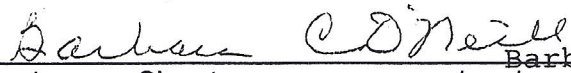
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	<u>Bernard O'Neill</u>	<u>6/24/01</u>
Landowners Signature	Landowner's Name	Date
	<u>Barbara O'Neill</u>	<u>6/24/01</u>
Landowners Signature	Landowner's Name	Date



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Section A.	Owner Contact Information		
Owner(s) Name(s)	David & Dorothy Sanches		
Address	470 Laurel Avenue		
City–State–Zip	Gustine, CA 95322	County	Stanislaus
Telephone	209–854–6690	Fax	
Cell Phone		Email	
Section B.	Project Manager (If different from above)		
	This is the main contact for phone calls and correspondence about this application.		
Project Manager's Name	Zach Maring	Title	Partner
Address	P.O. Box 97	City–State–Zip	Westley California 95387
Telephone	209–894–5555	Fax	209–894–5556
Cell Phone	209–605–5946	Email	zach@delmarfarms.com
Section C.	Physical Location of Project		
Physical Address	APN# 49–13–2	City–State–Zip	Newman California 95313
Telephone	N/A	County	Stanislaus
Section D.	Legal Right to Make Improvements		
Is the owner of the real property different than the owner listed above?			Yes _____ No <u>  x  </u>
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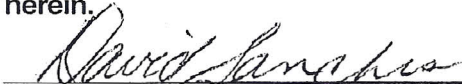
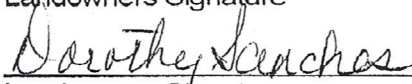
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	David Sanches	6/29/11
Landowners Signature	Landowner's Name	Date
	Dorothy Sanches	6/29/11
Landowners Signature	Landowner's Name	Date



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Section A.		Owner Contact Information	
Owner(s) Name(s)	Gonsalves Corp.		
Address	P.O. Box 157		
City-State-Zip	Crows Landing, CA 95313	County	Stanislaus
Telephone		Fax	
Cell Phone		Email	
Section B.		Project Manager (If different from above)	
This is the main contact for phone calls and correspondence about this application.			
Project Manager's Name	Zach Maring	Title	Partner
Address	P.O. Box 97	City-State-Zip	Westley California 95387
Telephone	209-894-5555	Fax	209-894-5556
Cell Phone	209-605-5946	Email	zach@delmarfarms.com
Section C.		Physical Location of Project	
Physical Address	49-13-8 . 49-13-7	City-State-Zip	Newman California 95313
Telephone	N/A	County	Stanislaus
Section D.		Legal Right to Make Improvements	
Is the owner of the real property different than the owner listed above?		Yes _____ No <u>x</u> _____	
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\_\_\_\_\_  
Landowners Signature                      Landowner's Name                      Date

\_\_\_\_\_  
Landowners Signature                      Landowner's Name                      Date



## **Form 3 – Proposed Project**

(Page 1 of 4 for *Form 3*)

Applications must be filled in **completely** and submitted with all required attachments.

### **PLEASE TYPE OR PRINT LEGIBLY**

**All proposals must include a detailed description of the activities, methods, procedures, equipment, and facilities that constitute the proposed project.** For all projects, the description must provide the information necessary to evaluate the technical feasibility of the project to meet program goals and objectives. The rationale for the proposed project activities and facilities should be sufficiently detailed to understand the relationship to water quality improvements. Where applicable, the relevant research or reliability of proposed project elements that have been proven to be effective should be described.

**Section A. Project Type – Please indicate the project type below (you may check more than one type) Be sure to describe all work (types) in the sections below.**

- 1\_\_\_ Irrigation tailwater return system
- 2\_\_\_ Sediment holding pond
- 3 x Drip/micro irrigation system
- 4\_\_\_ Other NRCS proven practice
- 5\_\_\_ Other: describe briefly

### **Section B. Project Location**

Describe the project location with relationship to on farm structures/buildings, roads, etc.; include an estimate of the project area. This description should allow someone unfamiliar with your facility to locate the project. Also identify any surface waters that may be affected by the project. **Attach a parcel map** showing APNs and the location of the project and parcel layout. **Include as Attachment 1.** The following website may be of some assistance in producing maps: <http://maps.live.com> (aerial photo).

The project location is the South side of the Orestimba Creek approximately 3/4 mile East of Hwy 33. The APN # is 49-13-02 and the project is 80 acres. The project borders the Southside of the Orestimba Creek and drains directly into it. See attachments.

The project is 233 acres on the N. and S. sides of JT Crow Rd. E. of HWY 33. APN #s included are 27-18-24, 27-18-25, 27-18-55, 49-14-1, 49-13-2, 49-13-8, 49-13-7.

**Form 3 is continued on the next page.**

## **Form 3 – Proposed Project (Continued)**

(Page 2 of 4 for Form 3)

Applications must be filled in **completely** and submitted with all required attachments.

### **PLEASE TYPE OR PRINT LEGIBLY**

**Section C. Project Description – Please describe your project below. (You may attach additional sheets if necessary.)**

1. a. **Project purpose** (goals and objectives). Include a description of the **water quality issue** the project addresses. Discuss the project's potential to improve water quality. Also, discuss how the project improves the landowner/operator's ability to manage drainage water. Address why the project is technologically feasible and commercially proven. Discuss how the project will meet NRCS practice standards and useful life.

The main water quality issue in this area is the contaminated drain water. Drainage water often leaves the fields contaminated with residual pesticides and fertilizers that are carried by the silt eroded from the fields by conventional flood irrigation. Even with the best management practices such as the use of substances like PAM, eliminating all of the contaminants in the drain water is not possible. A drip irrigation system will improve water quality by eliminating field run-off and applying water, fertilizer, and agricultural chemicals to the root zone for the crop to absorb, rather than drain to the Orestimba Creek. The project will be designed by an engineer familiar with NRCS guidelines and operated by NRCS approved practices.

**Form 3 is continued on the next page.**



## Form 3 – Proposed Project (Continued)

Applications must be filled in completely and submitted with all required attachments. PLEASE TYPE OR PRINT LEGIBLY

### Section C. Project Description - Continued

1. Complete the appropriate section for your project. If your project is not listed, select the best category or attach a description.

2. Complete the section on Water Quality regulatory requirements

<b>1. Tailwater return systems</b>			
a. Acres affected (drained or supplied)		d. Pipe length	
b. Pipe type and diameter (PVC, etc.)		e. Pump size (hp)	
c. Does project include a flow meter?			
<b>2. Sediment pond</b>			
a. Square feet			
b. How is outflow handled			
<b>3. Microirrigation</b>			
a. Crop and acres	233 acres of tomatoes	c. Feet of drip hose	1,192,500
b. Surface or subsurface	Subsurface	d. Type of filtration	522,720 feet sand media filters
<b>4. Other Practices</b>			
a. Type of practice			
b. Pertinent specs			
<b>5. State and local water quality regulatory requirements, including discharge requirements.</b>			
a. Describe the applicable requirements.	No farm waste may leave the property.		
b. Describe how the project will keep in compliance with the applicable water quality regulations.	The project will keep in compliance by eliminating the need to drain water off of the property. All chemical and fertilizer injections will take place down stream of the filter station, never contaminating filter backflush water. The water used to backflush the filters would never be exposed to any agricultural chemicals or fertilizers therefore no longer contributing to the current drain water quality problems.		

Form 3 is continued on the next page

## **Form 3 – Proposed Project (Continued)**

(Page 4 of 4 for *Form 3*)

Applications must be filled in **completely** and submitted with all required attachments.

### **PLEASE TYPE OR PRINT LEGIBLY**

#### **Section D. Project Plan and Schedule**

**1. Project Plan and Schedule.** Describe the work to be done to implement the project. Include a list and description of all major project tasks with a corresponding schedule for completing each task. Discuss how the tasks and scheduling will allow the project to be completed by the project implementation deadline of April 2012 as required by the grant. Provide enough detail to clearly explain all tasks necessary to complete the project.

*Consult with CURES to determine if it is necessary to attach a diagram or schematics of the project. If so, include as **Attachment 2**.*

- 1) Electrical providers are notified of necessary electrical needs as soon as OK is given.
- 2) Project will begin with soil preparation following harvest with the drip tape being installed in October 2011.
- 3) Below ground PVC pipe installation will begin following tape installation and will be completed by the end of November.
- 4) Filter station and pumping plant will commence in early December and completed before the end of the year.
- 5) Depending on whether electrical provider installs necessary power, and electrical panel is installed. This will be in late December or if rains come in December the installation will be in March of 2012.
- 6) System will be flushed out and the tape will be hooked to the underground PVC pipe in early March.
- 7) Crop will be planted and system operational by late March 2012.

#### **2. Expected Date of Project Completion**

Expected date of project completion is March 31, 2012



## Form 4 – Permit Checklist

Applications must be filled in completely and submitted with all required attachments.

### PLEASE TYPE OR PRINT LEGIBLY

Copies of all permits are not required to submit your application, but evidence that all permits necessary for the proposed project have been obtained will be required before grant recipients will be reimbursed. Please consult with a CURES contracted staff if you have any questions about permit requirements for your project.

**Proposed project permits:** If your proposed project will require permits, please fill out the table below.

Type of Permit	Is permit required?	Have applied?	Date of application	Has approved permit been issued?	Issue Date
Building	Yes <input checked="" type="radio"/> No	Yes No		Yes No	
Conditional Land Use	Yes <input checked="" type="radio"/> No	Yes No		Yes No	
<i>If applicable, describe or document the project's compliance with waste discharge requirements:</i>					
NPDES (National Pollution Discharge Elimination System)	Yes <input checked="" type="radio"/> No	Yes No		Yes No	
CEQA (California Environmental Quality Act)	Yes <input checked="" type="radio"/> No	Yes No		Yes No	
<i>If applicable, describe or document the project's compliance with CEQA. Or obtain a letter from the county stating that CEQA is not required</i>					
Other* (specify)	Yes <input checked="" type="radio"/> No	Yes No		Yes No	
Other* (specify)	Yes <input checked="" type="radio"/> No	Yes No		Yes No	

## **Form 5 – Budget Worksheet\***

Applications must be filled in **completely** and submitted with all required attachments.

**PLEASE TYPE OR PRINT LEGIBLY**

LINE ITEM BUDGET	Grant Funds	Matching Funds	TOTAL
List the Line Items corresponding to the proposed project below. For each Line Item, show the costs that are proposed to be funded with grant funding, proposed to be funded with matching funds, and the corresponding total costs.			
Indicate your source of matching funds (e.g., documented in-kind labor or services, line of credit, private, or federal). <i>Note: other state funds are not eligible for match for this project.</i>			
1. Personnel Services (including benefits) (e.g., Owner/operator or Employees)			
2. Equipment Purchase (\$5,000 or greater per item)			
3. Professional and Consultant Services  List categories of services subcontracted e.g. design and engineering services, installation			
4. Construction  (e.g., Materials, labor, and equipment rental/costs)			320,300
5. Other  <span style="margin-left: 100px;">NRCS -</span>	29,550		
Total Costs*	\$ 145,375	\$ 145,375	320,300
Please enter the percentage of matching funds that you are providing for you project <i>Note: required minimum match is 25% of project costs</i>			50%

\*Eligibility of estimated costs subject to review by the Review Committie.